



Last Updated: 03/09/2022

Medicaid Eligibility for Infants Born to Non-Medicaid-Eligible Alien Women Whose Deliveries Were Covered By Medicaid as an Emergency Medical Service

The purpose of this memo is to inform you that infants born to non-Medicaid-eligible alien mothers, whose deliveries were covered by Medicaid as an emergency medical service, are automatically eligible for and entitled to Medicaid from birth up to the age of one (1) year. No Medicaid application is required, and the local Department of Social Services (DSS) offices will enroll these infants automatically once a delivery is certified as an emergency medical service.

Emergency services are services provided in a facility equipped to furnish the required care necessary to manage the emergency medical condition (see 42 CFR 447.53). According to Section 1903 of the *Social Security Act*, an emergency medical condition is defined as "a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- a. Placing the patient's health in serious jeopardy;
- b. Serious impairment to bodily functions; or
- c. Serious dysfunction of any bodily organ or part."

Following an emergency labor and delivery, Medicaid coverage for the infant is effective from the date of birth. Therefore, services provided between the date of birth and receipt of the Medicaid identification card are covered and will be reimbursed by Medicaid. As emergency services are a fee-for-service, the child will be covered by fee-for-service at least through the first two months after birth. Once the child is enrolled into Medicaid, the child will be enrolled



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into either MEDALLION or a Managed Care Organization (MCO) depending on the program operating in the area. However, claims for services provided to these infants will need to be held until the Medicaid identification number has been issued.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov (***please note the new DMAS website address***). Refer to the Provider Column to find Medicaid and SLH Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.



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"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long-distance
1-800-552-8627	All other areas (in-state, toll-free long-distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.